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Aneurysmal formation after SES implantation is one of the most troublesome problems of DES, however natural course of aneurysm has not been known. We report a case of coronary aneurysm that has been followed 5 years. In January 2007, a 49 year old male admitted with effort angina. Coronary risk factors were hypertension, dyslipidemia, obesity and smoking. He had performed bare metal stenting for proximal LAD 2 years ago. CAG showed severe stenosis of mid LAD and proximal RCA. We implanted 3.5 x 23mm SES for LAD and 3.5 x 18mm SES for RCA. Final CAG showed good dilatation. Follow up CAG was performed in October 2007. Coronary aneurysm was occurred at the site of LAD stent. We didn't perform additional PCI, because aneurysm size was less than 2 times of reference vessel and we afraid of occlusion of large diagonal branch. When we performed CAG in April 2008, aneurysm of LAD expanded and new aneurysm was occurred at the distal site of RCA stent. Control of hypertension was poor, so we brought down his blood pressure more strictly. After that, we performed follow up CAG in February 2010, November 2010, November 2011 and July 2012. In these CAG, both aneurysms remained unchanged. We thought that polymer of SES and poor control of hypertension might play a role to aneurysmal formation, because aneurysm of RCA was occurred after drug release and expanding of aneurysm stopped after strict control of blood pressure.